

OSAH FORM 1

(This form replaces DFCS Form 166)

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE DFCS	CASE CODE CAPS	DOCKET NUMBER	COUNTY	AGENCY
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USE ONLY FOR THE CHILD CARE AND PARENT SERVICES (CAPS)

Check One: ☐ Denial of Application ☐ Case Closure ☐ Reduction of Benefits ☐ Disputed determination of Benefits
☐ Agency Inaction ☐ Failure to Act Within Reasonable Time for Benefit Change ☐ Denial of Expedited Services
☐ Denial of Opportunity to Apply for Benefits ☐ Other _____

CLAIMANT'S COUNTY OF RESIDENCE: _____**Date Notice of Adversed Action Issued:** _____**REGULATION(S) APPLIED: SOCIAL SERVICES MANUAL, Chapter(s) _____ Section(s) _____****Date DFCS received Claimant's request for hearing:** ☐ oral on _____ ☐ written on _____**DFCS Case Number:** _____ **BENEFIT CONTINUED PENDING APPEAL:** ☐ YES ☐ NO**CLAIMANT**

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	DOES THE CLAIMANT UNDERSTAND ENGLISH? G YES G NO IF NOT, SPECIFY LANGUAGE:	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? G YES G NO, IF YES, PLEASE CHECK G TANF G FS G MEDICAID
ATTORNEY NAME:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR #:	EMAIL:
PERSONAL REPRESENTATIVE NAME. PARALEGALS MAY BE A REPRESENTATIVE.	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE:	RELATIONSHIP TO CLAIMANT	EMAIL:

LOCAL DFCS OFFICE

NAME OF OFFICE:	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE:	CASEWORKER'S NAME: EMAIL:	CASEWORKER'S DIRECT TELEPHONE NUMBER:
INDICATE DOCUMENTS ATTACHED: <input type="checkbox"/> Copies of Social Services Manual procedures utilized <input type="checkbox"/> Notice of action issued, either a copy of summary determination or a copy of the contents of the notice <input type="checkbox"/> Budgets utilized, if applicable <input type="checkbox"/> Claimant's written hearing request <input type="checkbox"/> Other: (please specify document) _____	SUPERVISOR'S NAME: EMAIL:	SUPERVISOR'S DIRECT TELEPHONE NUMBER: